

COPY REQUEST FORM

Name: _____
Address: _____
City, State zip: _____
Phone: _____
Email: _____

*To help ensure you receive the desired copies,
please supply as much information as possible and a
daytime phone number or email address should
questions concerning your request arise.*

PLEASE PRINT

Please send me copy(ies) of the following documents:

RECORDED DOCUMENTS

Recording Number(s): _____

If a search is desired, please furnish:

Grantor/Grantee name: _____

Years to be searched: _____

Document type: _____

EXCISE TAX AFFIDAVIT COPIES

ETAX number _____ Tax Parcel _____
Grantor _____ Grantee _____ Sale Date _____

MARRIAGE COPIES

Bride (maiden) _____ Groom _____
Date of Marriage _____

SURVEYS, PLATS, CONDOS

Recording Number(s) _____ Vol. _____ Page _____
S _____ T _____ R _____ Plat Name _____ Lot _____ Block _____

Questions or comments you have regarding your request: _____

Number of copies: _____ Certified: _____ Non-Certified: _____

For fees, please see *Fee Information* on our home page.

Return your request with correct copy fee to:

King County Recorder's Office
500-4th Avenue, Room 311
Seattle, WA 98104
(206) 296-1570